

2006-07 Area Plan Update Assignments

Basic Needs

[illegible]

Objective	Completion Date	Staff
4. Increase by 50 the number of Native American elders who access ADS-funded services. (Baseline: 375) <ul style="list-style-type: none"> Work in partnership with Native American community members to develop a best practices model that incorporates traditional roles of elders, intergenerational contact & connections, and accepts and respects traditional Indian family networks. Develop a sustainable transportation program which meets the needs of Native American Elders in King County Increase outreach and education to Native American communities. 	(December 2007)	KW
5. Increase by 50 the number of Native American elders who participate in health and wellness activities at the senior congregate meal program. (Baseline: 14) <ul style="list-style-type: none"> Assist with finding new site for congregate meal program. Develop a culturally appropriate health and wellness component in the senior congregate meal program. 	(December 2005)	KW
6. Promote supportive environments within the mainstream community in which lesbian, gay, bi-sexual and transgender (LGBT) older persons, caregivers and persons with disabilities have access to necessary health and social services. <ul style="list-style-type: none"> Advocate that the health and aging service organizations in King County conduct a series of training events for their staffs and boards. Seek funding to develop a major Summit within mainstream health and social service delivery systems and the communities they serve to address the health care access needs of LGBT older persons and persons with disabilities. Explore potential partnerships with the Greater Seattle Business Assn. and seek funding to conduct a broad-based communication strategy to educate and increase the visibility for persons who are GLBT. 	(December 2007)	MC
Rural Elders		
7. Increase by 50 the number of rural elders who have access to transportation to services. (Baseline: 224)	(December 2004)	
8. Increase by 50 the number of socially isolated rural elders referred to services. (Baseline: 1,081) <ul style="list-style-type: none"> Provide 10 Gatekeeper trainings per year in rural areas of King County. Provide funding for Access to Benefits Coalition (ABC) outreach for rural areas to low-income senior who are not Medicaid eligible. 	(December 2005)	LW
9. Advocate for at least 20 more-affordable housing units with services to support aging in place in one rural area that has the greatest need. <ul style="list-style-type: none"> Partner with non-profit developers to coordinate an affordable housing project with services. Coordinate with housing organizations to promote more housing options for older people. 	(December 2007)	MC

Health and Well-Being

Objective	Completion Date	Staff
Disease Self-Management		
<p>1. Increase by 1000 the number of older people living in King County who seek information and assistance regarding disease prevention measures which they can take to reduce depression, improve nutrition, increase immunity to influenza, increase their physical activity, prevent falls, stop overuse of alcohol and prescription drugs. (Baseline: 120,894 Web hits and Calls)</p> <ul style="list-style-type: none"> Participate in the Healthy Aging Partnership, a coalition of aging organizations sponsored by Public Health: Seattle-King County. Create messages on nutrition, fall prevention, physical activity, immunization, depression, and recognizing the signs of misuse of alcohol and prescription drugs for radio and print media. Promote awareness of disease prevention and self-management in the on-line Seniors Digest Magazine. (Baseline: 6 articles per year) Work with ADS partners serving limited English speaking communities to provide select Seniors Digest articles for their clients. (I HAVEN'T SEEN THIS IDEA BEFORE- ML) Sponsor one educational forum per year on health promotion for professionals in the aging field. Sponsor one educational forum per year on health promotion for older adults. 	(December 2005)	PP
		ML
		KW
<p>2. Demonstrate how chronic conditions self-management by the aging network can reduce health care costs and improve health outcomes. (Baseline: In process)</p> <ul style="list-style-type: none"> Seek funding for pilot projects that focus on prevention and self-management for frail, seniors residing in the community. Investigate partnerships with the Seattle Parks and Recreation Department to develop recreational and physical activities for area seniors. 	(December 2007)	RC
<p>3. Increase by 50 the number clients in the case management program whose chronic diseases are under control and improve health outcomes. Chronic diseases that will be targeted include depression, diabetes, hypertension, heart disease, chronic pulmonary obstructive disease, Parkinson's disease, and arthritis. (Baseline: In process)</p> <ul style="list-style-type: none"> Expand the chronic disease registry beyond clients with diabetes to include clients with heart disease, hypertension, and other chronic diseases. Seek resources to expand the chronic disease interventions to subcontracted case management agencies, targeting communities of color. Increase the number of registry clients who receive medication monitoring, nutrition counseling, depression, and physical activity interventions. Seek funding to address over-weight and obesity in older adults. Seek funding resources to address health disparities among clients within communities of color. Evaluate the effectiveness of and quantify medical cost savings for case management clients receiving chronic disease interventions by connecting with Medical Assistance Administration payment information. 	(December 2005)	AY

Objective	Completion Date	Staff
<p>4. Increase by 500 the number of older adults who participate in regular physical activity. (Baseline: 2,528)</p> <ul style="list-style-type: none"> Expand the Sound Steps walking program countywide. Increase by 100 the number of seniors involved in physical activities at congregate nutrition sites. Launch the SHAPE-UP King County website that lists physical activity resources by neighborhood Increase by 1000 the number of hits to the SHAPE UP King County website that lists physical resources by neighborhood. (2004 Baseline: 254) Add a walking component to the Farmers Market Program. <p>5. Increase by 30 the number of older adults whose symptoms of depression and misuse of alcohol and prescription drugs are alleviated.</p> <ul style="list-style-type: none"> Increase participation in the PEARLS program or other similar program using a problem solving model specifically designed for older adults.(Baseline: 23) Seek funding to replicate the PEARLS model with limited English speaking refugees. (Baseline: 0) Seek funding to replicate the PEARLS model with South King County residents and other service providers. Work with King County to expand the Geriatric Regional Assessment Team's work with older adults dealing with alcohol or drug abuse. Feature an article in the Seniors Digest regarding older adults and drug/alcohol addictions. <p>6. Maintain the number of refugee elders participating in culturally appropriate health promotion activities. (Baseline: 130)</p> <ul style="list-style-type: none"> Partner with health promotion providers in refugee/immigrant communities to develop culturally appropriate activities. 	<p>(December 2004)</p> <p>Done</p> <p>•</p> <p>(December 2005)</p> <p>(December 2004)</p> <p>(December 2005)</p> <p>(December 2005)</p>	<p>ML</p> <p>ML</p> <p>AY</p> <p>LW</p> <p>ML</p> <p>LW</p>
<p>Nutrition</p> <p>7. Increase by 300 the number of low-income older adults in the congregate meal program. (Baseline: 4,046)</p> <p>8. Increase by 200 the number of senior meal program participants who consume five servings of fruits and vegetables a day. (Baseline: 1,450)</p> <ul style="list-style-type: none"> Seek funding to expand the Senior Farmer's Market program to 25% more meal program participants. Pilot test intergenerational gardening at a meal site to increase fresh produce used in preparing congregate meals. Partner with a local university to evaluate the effectiveness of the congregate meal program's ability to attract participants and on the impact of participation on the health and nutritional status of participants. Explore partnerships with community colleges culinary arts program to enhance senior nutrition with healthier choices. 		

Social and Civic Engagement

Objective	Completion Date	Staff
Universal Design		
1. Increase by 50 the number of universally designed public housing units built. (Baseline: 0) <ul style="list-style-type: none"> Partner with non-profit housing developers and public housing authority architects and planners to educate developers and builders about housing designed for the lifespan. Advocate that universal design principles be incorporated into public housing requirements. 	(December 2007)	MC
2. Increase community awareness of universal design principles. (Baseline: 11 Events and Articles) <ul style="list-style-type: none"> Build partnerships with architecture, design and urban planning programs at universities to promote aging-sensitive design principles into their curriculum. Work with local media to showcase local design success stories, including two feature articles each year in the on-line Seniors Digest Magazine. (2006) Participate in county-wide educational forums. Convene a task force (including senior centers) to further define objectives for social and civic engagement, including advocacy and social action, focusing on the Northgate Commons Project. 	(December 2007)	MC
3. Coordinate with United Way and other intergenerational aging providers on social and civic engagement efforts.	(December 2006)	KW, P&A
4. Increase by two the number of neighborhood revitalization projects that include elder-sensitive design principles in their planning and policy documents. (Baseline: 0) <ul style="list-style-type: none"> Advocate for the “design charette” model of neighborhood planning to create pedestrian-friendly neighborhoods that improve physical activity, strengthen the sense of community, reduce car trips, improve access to community centers and other spaces (parks, libraries, gardens). Build partnerships with planning departments, including City Councils and research initiatives, to promote and offer incentives to developers for designs that will provide elder-friendly environments. Build partnerships with key stakeholders to offer educational forums, workshops, or regular meetings in order to educate partners regarding the importance of active living by design across the life span. Work with local media to educate seniors, groups and organizations about active living by design. Collaborate with the Neighborhood Quality of Life Research (NQLS) team to deploy a walkability study with adults 60 and over in King County. 	(December 2005)	
		ML

Independence for Frail Older Adults and People with Disabilities

Objective	Completion Date	Staff
Family Caregiving		
1. Increase by 1000 the number of family caregivers who receive supportive information that guides their long term care choices. (Baseline: 1,108)	(December 2005)	MC
<ul style="list-style-type: none"> Conduct physician outreach to identify at-risk caregivers by providing offices with supportive information for referring patients. Facilitate the discussion of "caregiver burden" health indicators between physicians and caregivers in order to assist caregivers to obtain access to services Inform Developmental Disabilities network about the availability of family caregiver support resources. Develop a pilot program regarding caregiver education for employers and employees. Investigate the use of evidence-based tools for reaching family caregivers. Feature 12 caregiver related articles each year in the on-line Seniors Digest Magazine. Create messages on caregiver support, training and counseling. 		ML
2. Increase by 50 the number of family caregivers whose confidence to cope with the burden of caregiving is improved. (Baseline: 44)	(December 2006)	
3. Increase by 50 the number of people from Latino communities who access family caregiver resources. (Baseline: 17)	(December 2004)	
Case Management Services		
4. Seek funding to expand Respite Program services.	(December 2006)	
5. Increase the number of referrals to DSHS for clients screened as potentially eligible for Medicaid in-home long term care programs by 10%. (Baseline:)	(December 2007)	
<ul style="list-style-type: none"> Coordinate with Senior I&A to target marketing materials to HUD funded apartment buildings and other low-income housing providers. Develop outreach materials that highlight ADS programs and services (posters, brochures, public service announcements, etc.) Build capacity to accommodate potential limited English speaking clients (e.g. Russian, and East African) 		
System and Quality Improvements		
6. Explore funding for contracting for extended after hour and weekend availability of Senior Information & Assistance, case management and RN consultation.	(December 2006)	
7. Convene annual information-sharing sessions for representatives of the Developmental Disabilities and Aging networks (Baseline: 0)	(December 2005)	
8. Investigate funding possibilities for increasing the availability of case management and Information and Assistance.	(December 2006)	
9. Increase home care worker wages by \$1.00 per hour. (Baseline: \$8.43/hour)	(December 2005)	LW
<ul style="list-style-type: none"> Advocate for increased worker wages and benefits in accordance with a livable wage standard. Work with Advisory Council and community partners to sponsor a Legislative Forum with key legislators invited. 		LW

